

WHERE YOU HAVE LIVED: If you resided overseas, provide the name of one additional person (other than listed on the SF 86 #9) who currently resides in the United States and who can verify your residence and activities.

Month/Year #1	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
		Telephone Number ()				

FOREIGN TRAVEL: If you have no reportable foreign travel, enter **NONE**.

COUNTRY/CITY	DATES	NAMES AND ADDRESSES OF INDIVIDUALS IN THE U.S. WHO CAN VERIFY TRAVEL

FOREIGN NATIONAL ASSOCIATIONS: If you have no reportable foreign national associations, enter **NONE**.

FULL NAME		
CITIZENSHIP		
DATE AND PLACE OF BIRTH		
AGE AND SEX		
OCCUPATION		
NAME OF EMPLOYER AND ADDRESS		
DATE FIRST MET		
DATE OF LAST CONTACT		
FREQUENCY OF CONTACT		
NATURE OF RELATIONSHIP		

SUPPLEMENT TO FORM SF 86 (Continued)

IMMEDIATE FAMILY: *(Includes mother, father, spouse, brothers, sisters, children, and any other person residing in your household)*

IS ANY MEMBER OF YOUR IMMEDIATE FAMILY EMPLOYED BY OR OTHERWISE AFFILIATED WITH A FOREIGN BUSINESS OR FOREIGN GOVERNMENT AGENCY?
(If YES, explain. If NO, enter NONE.)

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY THE SUBJECT OF ANY LITIGATION OR INVESTIGATION, OR UNDER INDICTMENT BY ANY AGENCY OR DEPARTMENT OF THE UNITED STATES, STATE, OR LOCAL GOVERNMENT? *(If YES, explain. If NO, enter NONE.)*

ADDITIONAL INFORMATION

EMPLOYER OF FATHER	EMPLOYER OF MOTHER	EMPLOYER OF SPOUSE
EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS

HAVE YOU EVER MADE OR DO YOU PRESENTLY HAVE APPLICATION FOR EMPLOYMENT PENDING WITH ANY GOVERNMENT AGENCY? *(If YES, give agency, date of application, and whether accepted.)*

HAVE YOU EVER BEEN POLYGRAPHED? *(If YES, list when, where, by whom, and for what purpose.)*

NAME OF PERSON COMPLETING FORM	SOCIAL SECURITY NUMBER
SIGNATURE	DATE